

# OFFICE OF THE ARMED FORCES MEDICAL EXAMINER

## FIREARM WOUND CHART

NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

		WOUND NO.											
		1		2		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head												
	Neck												
	Chest												
	Abdomen												
	Back												
	Right												
	Arm < Left												
	Right												
2. Size of wound: INCHES	Diam.												
	Width												
	Length												
3. INCHES from wound to:	Top of head												
	Right of midline												
	Left of midline												
4. Firearm Residue:	On skin												
	Clothing												
	Absent												
5. Direction of missile through body:	Backward												
	Forward												
	Downward												
	Upward												
	To right												
	To left												
6. Missile Recovered:	Probable Calibre												
	Shotgun												

Photographs: \_\_\_\_\_ X-rays: \_\_\_\_\_

REMARKS:

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_